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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		horized Com	mittee		(Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typiner the lines.	g, type	12FE4M5	
Friends of Pam Ga	alloway					I
ADDRESS (number and stree	et) PO Box 2138					
Check if different						
than previously reported. (ACC)	Warsaw				IN 40	6581
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY ▲			STATE	ZIP CODE A STATE ▼ DISTRICT
C C00577619		3. IS THIS REPORT	× NEW (N)	OR	AMENDE (A)	IN 03
4. TYPE OF REPOR	T (Choose One)					
(a) Quarterly Reports	(k	o) 12-Day PRE -	Election Repo	rt for the:		
			Primary (12P)		General (12	G) Runoff (12R)
April 15 Quar	terly Report (Q1)	П	Convention (12C)	Special (12	S)
July 15 Quart	terly Report (Q2)					
October 15 C	Quarterly Report (Q3)	Election on	M = M /	D D /	Y " Y " Y " Y	in the State of
X January 31 Y	ear-End Report (YE)) 30-Day POS	r -Election Rep	ort for the:		
			General (30G		Runoff (30F	Special (30S)
Termination R	Report (TER)				Y " Y " Y " Y	See Alba
		Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	M M / D D /	Y Y Y Y Y 2015	through	M M M 12	/ D D / 31	Y Y Y Y 2015
I certify that I have examin	ned this Report and to th	e best of my kn	owledge and l	belief it is tr	ue, correct and	complete.
Type or Print Name of Trea	asurer Christopher Jam	es Magiera				
Signature of Treasurer	Christopher James Magiera	1	[Electronically 1	Filed] [Date 01	/ D D / Y Y Y Y 255 2016
NOTE: Submission of false,	erroneous, or incomplete	information may	subject the per	son signing t	this Report to the	e penalties of 2 U.S.C. §437g.
Office						FEC FORM 3
Use Only						(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Pam Galloway

12 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 52711.36 74109.90 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 1436.73 1891.30 (from Line 20(d)) (c) Net Contributions (other than loans) 51274.63 72218.60 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 68499.00 188944.02 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 68499.00 188944.02 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 83274.58 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 200000.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Friends of Pam Galloway

Report Covering the Period: From: 10 01 2015 To: May 7 2015

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11.	CONTRIBUTIONS (other than loans) FROM:				
	(a) Individuals/Persons Other Than				
	Political Committees (i) Itemized (use Schedule A)	42786.73	59597.85		
	(ii) Unitemized	1512.00	3275.68		
	(iii) TOTAL of contributions from individuals	44298.73	62873.53		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	5000.00	5000.00		
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	3412.63	6236.37		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	52711.36	74109.90		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
	LOANS:				
	(a) Made or Guaranteed by the Candidate	50000.00	200000.00		
	(b) All Other Loans	0.00	0.00		
	(c) TOTAL LOANS (add Lines 13(a) and (b))	50000.00	200000.00		
	OFFSETS TO OPERATING				
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00		
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	102711.36	274109.90		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 40

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	68499.00	188944.02
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guarar by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMEN (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTION	S TO:	
	(a) Individuals/Persons Other Than Political Committees	1436.73	1891.30
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION R (add Lines 20(a), (b), and	4.400.70	1891.30
1.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d),	and 21) 69935.73	190835.32
		. CASH SUMMARY	
3.	CASH ON HAND AT BEGINNII	NG OF REPORTING PERIOD	50498.95
4	TOTAL RECEIPTS THIS PERIC	D (from Line 16, page 3)	102711.36
5.	SUBTOTAL (add Line 23 and I	ine 24)	153210.31
6.	TOTAL DISBURSEMENTS THIS	PERIOD (from Line 22)	69935.73
27.	CASH ON HAND AT CLOSE C (subtract Line 26 from Line 25	F REPORTING PERIOD	83274.58

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 40 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Shalin Arnett Date of Receipt Mailing Address 2015 01 City State Zip Code Transaction ID: SA11AI.4447 IN 47591 Vincennes FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 750.00 Name of Employer Occupation Physician Services Physician Receipt For: 2016 Election Cycle-to-Date Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) Nathan Dulaney Bachman Date of Receipt Mailing Address 7824 Laurel Ave. 09 2015 Citv State Zip Code Transaction ID: SA11AI.4414 Cincinnati OH 45243 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2700.00 Name of Employer Occupation Executive/President The Bachman Group Receipt For: 2016 Election Cycle-to-Date | Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) Jeanell Bos Date of Receipt Mailing Address 12328 Driftwood Dr. 2015 04 City State Zip Code Transaction ID: SA11AI.4404 IN Demotte 46310 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Homemaker Homemaker Receipt For: 2016 Election Cycle-to-Date | Y Primary General 2000.00 Other (specify) 5450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4447

Committee was unable to obtain donor's street address but used its 'best efforts' to try to obtain said information.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 40 (check only one) 11a 11d 11b 11c 12 13a 13b 14

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) **Darren Brooks** Date of Receipt Mailing Address 9980 Firestone Lane 2015 29 City State Zip Code Transaction ID: SA11AI.4507 OH 44056 Macedonia FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Self-Employed Financial Planner Receipt For: 2016 Election Cycle-to-Date Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) Deborah G Carstens Date of Receipt Mailing Address 7101 N. Desert Fairways Dr. 17 2015 City State Zip Code Transaction ID: SA11AI.4339 Paradise Valley ΑZ 85253 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Retired Retired Receipt For: 2016 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Joseph P. Clayton Date of Receipt Mailing Address 3516 Club Estates Dr. 2015 12 26 City State Zip Code Transaction ID: SA11AI.4502 IN Carmel 46033 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Retired Retired Receipt For: 2016 Election Cycle-to-Date Primary General 2000.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 8 OF 40 Use separate schedule(s) (check only one) for each category of the 11a 11d 11b 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Ronald Cohen Date of Receipt Mailing Address 526 Twin Eagles Blvd. E. 2015 29 City State Zip Code Transaction ID: SA11AI.4505 IN 46748 Huntertown FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Cohen & Johnson Orthodontics Orthodonist Receipt For: 2016 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Peter H. Coors Date of Receipt Mailing Address 770 N. High Street 10 12 2015 Citv State Zip Code Transaction ID: SA11AI.4343 Denver CO 80218 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Executive Molson Coors Receipt For: 2016 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Richard Duchossois Date of Receipt Mailing Address 65 Spring Creek Rd. 2015 05 City State Zip Code Transaction ID: SA11AI.4406 IL Barrington 60010 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2700.00 Name of Employer Occupation The Duchossois Group Chairman Receipt For: 2016 Election Cycle-to-Date | Y Primary General Other (specify) 2700.00 3450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 9 OF 40 (check only one) 11a 11d 11b 11c 12 13a 13b 14

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) John M. Dunn Date of Receipt Mailing Address 10445 Old Plantation Dr. 2015 16 City State Zip Code Transaction ID: SA11AI.4493 IN 47725 Evansville FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation **Dunn Hospitality Group** Owner Receipt For: 2016 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Lawrence Gelman Date of Receipt Mailing Address 3900 Sundown Drive 13 2015 Citv State Zip Code Transaction ID: SA11AI.4352 McAllen TX 78503 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Physician McAllen Anesthesia Consultants Receipt For: 2016 Election Cycle-to-Date | Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) Cecchi Giuseppe Date of Receipt Mailing Address 1209 Aldebaran Dr. 2015 16 City State Zip Code Transaction ID: SA11AI.4428 VA McLean 22101 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation The IDI Group Companies Developer Receipt For: 2016 Election Cycle-to-Date | Y Primary General Other (specify) 500.00 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page (check onl

FOR LINI	e number	: PAGE	10 OF	40		
(check only one)						
X _{11a}	11b	11c	11d			
12	13a	13b	1 14	15		

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Friends of Pam Galloway								
۹.	Full Name (Last, First, Middle Initial) C. Boyden Gray Mailing Address 1534 28th Street, N.W. City	State Zip Code DC 20007	Date of Receipt 10 12 2015 Transaction ID: SA11AI.4348					
	Washington FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period 2700.00					
	Self-Employed Receipt For: 2016 Primary General Other (specify)	Attorney Election Cycle-to-Date 2700.00						
3.	Full Name (Last, First, Middle Initial) George E. Ham Mailing Address 4304 S. Mills St.		Date of Receipt 11 12 2015					
	City Independence	State Zip Code MO 64055	Transaction ID : SA11AI.4420					
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period					
	Name of Employer Retired Receipt For: 2016 Primary General Other (specify)	Occupation Retired Election Cycle-to-Date 500.00	300.00					
D.	Full Name (Last, First, Middle Initial) Paul Haney Mailing Address 6279 E. 450 N. City	State Zip Code	Date of Receipt 12 31 2015 Transaction ID: SA11AI.4512					
	FEC ID number of contributing federal political committee.	IN 46538	Amount of Each Receipt this Period					
	Name of Employer Kosciusko Medical Group Receipt For: 2016 Primary General Other (specify)	Occupation Physician Election Cycle-to-Date 400.00	400.00					
s	UBTOTAL of Receipts This Page (optional)		3600.00					
т	OTAL This Period (last page this line number or	, ,						

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 11 OF 40 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Mary Kohler Date of Receipt Mailing Address P.O. Box 897 2015 02 City State Zip Code Transaction ID: SA11AI.4408 WI 53082 Sheboygan FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1350.00 Name of Employer Occupation Homemaker Homemaker Receipt For: 2016 Election Cycle-to-Date | Primary General 1350.00 Other (specify) Full Name (Last, First, Middle Initial) Terry Kohler Date of Receipt Mailing Address P.O. Box 897 02 2015 City State Zip Code Transaction ID: SA11AI.4410 Sheboygan WI 53082 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1350.00 Name of Employer Occupation President and CEO Windway Capital Corporation Receipt For: 2016 Election Cycle-to-Date | Primary General 1350.00 Other (specify) Full Name (Last, First, Middle Initial) Joseph S. Ladowski Date of Receipt Mailing Address 1848 Forest Park Blvd. 2015 12 24 City State Zip Code Transaction ID: SA11AI.4495 IN Fort Wayne 46805 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Lutheran Medical Group Physician Receipt For: 2016 Election Cycle-to-Date | Y Primary General 500.00 Other (specify) 3200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 12 OF 40 (check only one) 11a 11d 11b 11c 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Robert L. Luddy Date of Receipt Mailing Address 4641 Paragon Park Rd. 2015 10 City State Zip Code Transaction ID: SA11AI.4416 NC 27616 Raleigh FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1500.00 Name of Employer Occupation Captiveaire Systems, Inc. **Executive President** Receipt For: 2016 Election Cycle-to-Date | Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) Christopher James Magiera Date of Receipt Mailing Address 3496 S State Road 15 07 2015 Citv State Zip Code Transaction ID: SA11AI.4456 Warsaw IN 46580 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1436.73 Name of Employer Occupation Physician In-kind - Paid for Volunteer Meal Kosciusko Medical Group Receipt For: 2016 Election Cycle-to-Date | Primary General 3436.73 Other (specify) Full Name (Last, First, Middle Initial) Suzanne M. McCloskey Date of Receipt Mailing Address 12392 Driftwood Drive 2015 04 City Zip Code State Transaction ID: SA11AI.4402 IN Demotte 46310 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Fair Oakes Dairy Farm Manager Receipt For: 2016 Election Cycle-to-Date Y Primary General 2000.00 Other (specify) 4936.73 SUBTOTAL of Receipts This Page (optional).....

: 97 'A = G7 9 @ G5 B9 CI G'H9 LHF 9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA11AI Transaction ID: SA11AI.4456

Donor contributed an in-kind contribution this period making his aggregate contributions greater than \$2,700. The committee has taken corrective action and refunded the total amount of the in-kind contribution to the donor. Therefore, his aggregate contributions total \$2,000.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 14 OF 40 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Douglas W. Morrell Date of Receipt Mailing Address 606 E. 11th St. 2015 14 P.O. Box 460 City State Zip Code Transaction ID: SA11AI.4489 IN 46173 Rushville FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Self-Employed Doctor Receipt For: 2016 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Craig A. Nayrocker Date of Receipt Mailing Address 651 N. Johnson St. 27 2015 City State Zip Code Transaction ID: SA11AI.4504 Warsaw IN 46580 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Relationship Officer **Teachers Credit Union** Receipt For: 2016 Election Cycle-to-Date | Primary General 524.73 Other (specify) Full Name (Last, First, Middle Initial) Curtis L. Nisly Date of Receipt Mailing Address 67258 Foxmoore Ct. 2015 16 City State Zip Code Transaction ID: SA11AI.4430 IN Goshen 46526 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation C-Tech Solutions Owner Receipt For: 2016 Election Cycle-to-Date Y Primary General 2500.00 Other (specify) 3250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Image# 201601259004585/12						
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 15 OF 11c	15		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Friends of Pam Galloway						
Full Name (Last, First, Middle Initial)						

\rangle	NAME OF COMMITTEE (In Full) Friends of Pam Galloway		
Α.	Full Name (Last, First, Middle Initial) Laura Jo Pfaffenberger		Date of Receipt
	Mailing Address 4110 Versailles Ct.		12 14 2015
	City Floyds Knobs	State Zip Code IN 47119	Transaction ID : SA11AI.4491
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Precision Compounding Pharmacy	Occupation Pharmacist/Owner	500.00
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 500.00	
D	Full Name (Last, First, Middle Initial) Grant Porter		Date of Receipt
ο.	Mailing Address 1501 High St.		M M / D D / Y Y Y Y Y 11 24 2015
	City Decatur	State Zip Code IN 46733	Transaction ID : SA11AI.4439
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer Porter, Inc.	Occupation Manager	1000.00
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	
_	Full Name (Last, First, Middle Initial) Ron Redpath		Date of Receipt
	Mailing Address 807 Lydia Drive		12 21 2015
	City Warsaw	State Zip Code IN 46582	Transaction ID : SA11AI.4497
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Redpath-Fruth Funeral Home	Occupation Owner/Manager	500.00
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	
s	UBTOTAL of Receipts This Page (optional)		2000.00
Т	OTAL This Period (last page this line number o	nly)	

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 16 OF 40 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Mary Ann Sheller Date of Receipt Mailing Address 4011 Evans Ave. 2015 02 City State Zip Code Transaction ID: SA11AI.4400 IN 46383 Valparaiso FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2700.00 Name of Employer Occupation Vale Park Animal Hospital Veterinarian Receipt For: 2016 Election Cycle-to-Date Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) Cory Siffring Date of Receipt Mailing Address 1009 Cloucester Ct. 12 2015 City State Zip Code Transaction ID: SA11AI.4346 Kingsport ΤN 37660 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Surgeon (Physician) East TN State Univeristy Receipt For: 2016 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Cory Siffring Date of Receipt Mailing Address 1009 Cloucester Ct. 2015 12 04 City State Zip Code Transaction ID: SA11AI.4451 TN Kingsport 37660 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation East TN State Univeristy Surgeon (Physician) Receipt For: 2016 Election Cycle-to-Date | Y Primary General Other (specify) 1000.00 3700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 17 OF 40 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Van P. Smith Date of Receipt Mailing Address 4501 N. Wheeling Ave. 2015 07 City State Zip Code Transaction ID: SA11AI.4480 IN 47304 Muncie FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation Smith Tech, LLC Executive/Owner Receipt For: 2016 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Tim Sonnentag Date of Receipt Mailing Address PO Box 423 01 2015 Citv State Zip Code Transaction ID: SA11AI.4394 Marathon WI 54448 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation President **County Materials Corporation** Receipt For: 2016 Election Cycle-to-Date | Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) Richard Sugden Date of Receipt Mailing Address 557 E. Broadway 2015 10 City State Zip Code Transaction ID: SA11AI.4418 WY Jackson 83001 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2700.00 Name of Employer Occupation Self-Employed Physician Receipt For: 2016 Election Cycle-to-Date Y Primary General 2700.00 Other (specify) 5700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

	F	OR	LINE I	VU	MBER:		PAGE	•	18 OF	40
Use separate schedule(s)	(0	(check only one)								
for each category of the		X	11a		11b		11c		11d	
Detailed Summary Page			12		13a		13b		14	15
not be sold or used by any person for the purpose of soliciting contributions										

		Statements may not be sold or used by any per e name and address of any political committee			
	NAME OF COMMITTEE (In Full) Friends of Pam Galloway				
Α.	Full Name (Last, First, Middle Initial) Stephen D. Tharp Mailing Address 4536 N. Wildwood Dr.	Date of Receipt			
	City Frankfort	State Zip Code IN 46041	Transaction ID : SA11AI.4454		
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
	Name of Employer St. Vincent Medical Group	Occupation Physician Election Cycle-to-Date	230.00		
	Receipt For: 2016 Primary General Other (specify)				
В.	Full Name (Last, First, Middle Initial) Joel Van Ravenswaay Mailing Address 5602 Fountain View Dr.	Date of Receipt			
	City Wheatfield	State Zip Code IN 46392	11 19 2015 Transaction ID : SA11AI.4437		
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
	Name of Employer Self-Employed	Occupation Farmer	1000.00		
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date			
_	Full Name (Last, First, Middle Initial) Thomas Whiteman		Date of Receipt		
Ο.	Mailing Address 4300 Freeman Lane City	State Zip Code	12		
	Muncie	IN 47304	Transaction ID : SA11AI.4498		
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
	Name of Employer IU Health Ball Hospital	Occupation Physician	500.00		
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 500.00			
5	SUBTOTAL of Receipts This Page (optional)		1750.00		
Т	OTAL This Period (last page this line number of	only)	42786.73		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

40 FOR LINE NUMBER: **PAGE** 19 OF (check only one) X 11c 11a 11b 11d 12 13a

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial)
ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC) Date of Receipt Mailing Address 1601 N TUCSON BLVD 2015 16 SUITE 9 City State Zip Code Transaction ID: SA11C.4432 ΑZ 85716 **TUCSON** FEC ID number of contributing Amount of Each Receipt this Period C00041590 federal political committee. 5000.00 Name of Employer Occupation Receipt For: 2016 Election Cycle-to-Date Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

S

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports and Statements m		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 40 (check only one) 11a 11b 11c X 11d 12 13a 13b 14 15 person for the purpose of soliciting contributions	
	for commercial purposes, other than using the same of COMMITTEE (In Full) Friends of Pam Galloway			
Full Name (Last, First, Middle Initial) Pamela Gail Galloway Mailing Address 3496 S State Road				Date of Receipt 10 31 2015
	City	State IN	Zip Code	Transaction ID : SA11D.4398
	Warsaw FEC ID number of contributing federal political committee.		46580 N03211	Amount of Each Receipt this Period
	Retired	Occupation Retired	l .	In-kind - October Mileage
	Receipt For: 2016 Primary General Other (specify)	Election Cy	/cle-to-Date 154216.39	
В.	Full Name (Last, First, Middle Initial) Pamela Gail Galloway			Date of Receipt
Ь.	Mailing Address 3496 S State Road	11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Warsaw	State IN	Zip Code 46580	Transaction ID : SA11D.4444
	FEC ID number of contributing federal political committee.	С не	N03211	Amount of Each Receipt this Period
		Occupation Retired		In-kind - November Mileage
	Receipt For: 2016 Primary General Other (specify)	Election Cy	/cle-to-Date 155343.39	
— с.	Full Name (Last, First, Middle Initial) Pamela Gail Galloway			Date of Receipt
Ο.	Mailing Address 3496 S State Road		7. 0.	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Warsaw	State IN	Zip Code 46580	Transaction ID : SA11D.4514
	FEC ID number of contributing federal political committee.	С ны	N03211	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired		In-kind - December Mileage
	Receipt For: 2016 Primary General Other (specify)	Election Cy	/cle-to-Date 206236.37	
s	UBTOTAL of Receipts This Page (optional)			3412.63

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 40 (check only one) 11a
	ny information copied from such Reports and S			person for the purpose of soliciting contributions
$\overline{\ \ \ \ \ \ \ \ }$	NAME OF COMMITTEE (In Full) Friends of Pam Galloway			
Α.	Full Name (Last, First, Middle Initial) Pamela Gail Galloway Mailing Address 3496 S State Road			Date of Receipt
	City Warsaw	State IN	Zip Code 46580	12 29 2015 Transaction ID : SA13A.4509
	FEC ID number of contributing federal political committee.	С не	IN03211	Amount of Each Receipt this Period
	Name of Employer Retired Receipt For: 2016	Occupation Retired	n ycle-to-Date	Loan From Pamela Galloway Personal Funds
	Primary General Other (specify)		205343.39	
D	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Mailing Address City	State	Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address City	State	Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
				50000 00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 22 OF 40 (check only one)
Any information copied from such Reports and Statements		
or for commercial purposes, other than using the name and	address of any political con	nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Friends of Pam Galloway		
Full Name (Last, First, Middle Initial)		2. (2.)
A. Allen County Republican Party		Date of Disbursement
Mailing Address PO Box 11014		10 17 2015
City State	Zip Code	Amount of Each Disbursement this Period
Fort Wayne IN Purpose of Disbursement	46855	1000.00
District Dinner Event		Transaction ID : SB17.4361
Candidate Name Pamela Gail Galloway	Cate Ty	gory/
Office Sought: House Disbursement Fo		
Senate President Other	y General (specify)	
State: IN District: 03		
Full Name (Last, First, Middle Initial)		
3. Suzy Barnhart		Date of Disbursement
Mailing Address 7151 Madison Street		10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Merrillville IN Purpose of Disbursement	46410	500.00
General Campaign Consulting		Transaction ID : SB17,4368
Candidate Name Pamela Gail Galloway	Cate Ty	gory/
Office Sought: House Disbursement Fo		
Senate	y General (specify)	
State: IN District: 03	(Specify)	
Full Name (Last, First, Middle Initial)		
Suzy Barnhart		Date of Disbursement
Mailing Address 7151 Madison Street		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State 2	Zip Code	Amount of Each Disbursement this Period
	46410	500.00
Purpose of Disbursement General Campaign Consulting		500.00
Candidate Name Pamela Gail Galloway	Cate	
Office Sought: House Disbursement Fo	or: 2016	
Senate Primary		
State: IN District: 03	(specify)	
SUBTOTAL of Disbursements This Page (optional)		2000.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sched for each category o Detailed Summary F	lule(s) (cl	DR LINE NUMBER: PAGE 23 OF 40 heck only one) X 17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a			rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Pam Galloway			
Full Name (Last, First, Middle Initial) A. Suzy Barnhart			Date of Disbursement
Mailing Address 7151 Madison Street			11 28 2015
City State Merrillville IN Purpose of Disbursement General Campaign Consulting	e Zip Code 46410		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4390
President Oth State: IN District: 03		Category/ Type	
Full Name (Last, First, Middle Initial) Suzy Barnhart Mailing Address 7151 Madison Street			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Merrillville IN	e Zip Code 46410		Amount of Each Disbursement this Period
Purpose of Disbursement General Campaign Consulting Candidate Name Pamela Gail Galloway Office Sought: Y House Disbursement Print Print		Category/ Type	500.00 Transaction ID : SB17.4475
Full Name (Last, First, Middle Initial) Big Brothers Big Sisters			Date of Disbursement
Mailing Address 1005 W. Rudisill Blvd.			10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Category/ Type	Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4370
SUBTOTAL of Disbursements This Page (optional)			1500.00

SCHEDULE B (FEC Form 3)

PAGE 24 40 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Date of Disbursement Brand Innovation Group 2015 Mailing Address 8902 Airport Drive 10 03 Suite A City State Zip Code Amount of Each Disbursement this Period IN Fort Wayne 46809 301.32 Purpose of Disbursement Advertising Expenses Transaction ID: SB17.4369 Candidate Name Category/ Pamela Gail Galloway Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President IN State: District: Full Name (Last, First, Middle Initial) Brand Innovation Group Date of Disbursement Mailing Address 8902 Airport Drive 10 80 2015 Suite A City State Zip Code Amount of Each Disbursement this Period IN 46809 Fort Wayne 7531.74 Purpose of Disbursement Advertising Expenses Transaction ID: SB17.4354 Candidate Name Category/ Pamela Gail Galloway Type Office Sought: Disbursement For: House 2016 Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Brand Innovation Group Mailing Address 8902 Airport Drive 03 2015 Suite A City State Zip Code Amount of Each Disbursement this Period 46809 Fort Wayne IN Purpose of Disbursement 5905.66 Advertising Expenses Transaction ID : SB17.4376 Candidate Name Category/ Pamela Gail Galloway Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: IN District: 03 13738.72 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	E X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		y any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Pam Galloway		
Full Name (Last, First, Middle Initial) A. Brand Innovation Group		Date of Disbursement
Mailing Address 8902 Airport Drive Suite A		11 05 2015
City State Fort Wayne IN	Zip Code 46809	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Expenses		7531.67 Transaction ID : SB17.4380
Candidate Name Pamela Gail Galloway Office Sought: V House Disbursement F	1	egory/ ype
Senate Prima		
Full Name (Last, First, Middle Initial) Brand Innovation Group		Date of Disbursement
Mailing Address 8902 Airport Drive Suite A		11 / D D / Y Y Y Y 1 24 2015
City State Fort Wayne IN	Zip Code 46809	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Expenses		602.90 Transaction ID : SB17.4385
Candidate Name Pamela Gail Galloway	1	egory/ ype
Office Sought: Senate Disbursement Formula		
Full Name (Last, First, Middle Initial)		Date of Disbursement
Brand Innovation Group		M M / D D / Y Y Y
Mailing Address 8902 Airport Drive Suite A City State	Zip Code	11 27 2015
Fort Wayne IN Purpose of Disbursement	46809	Amount of Each Disbursement this Period 311.38
Advertising Expenses Candidate Name		Transaction ID : SB17.4387
Pamela Gail Galloway Office Sought: House Disbursement F	Т	egory/ Type
Senate Prima President Other		
State: IN District: 03		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

	HEDULE B (FEC Form SEMIZED DISBURSEMENT	-	Use separate sch for each category Detailed Summar	nedule(s) of the	FOR LINE NUMBER: PAGE 26 OF 40 (check only one) X 17
					person for the purpose of soliciting contributions e to solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) Friends of Pam Galloway				
	Full Name (Last, First, Middle Initial) Brand Innovation Group				Date of Disbursement
1	Mailing Address 8902 Airport Drive Suite A				12 07 2015
1	City Fort Wayne	State IN	Zip Code 46809		Amount of Each Disbursement this Period
_	Purpose of Disbursement Digital Advertising Expenses				6785.65 Transaction ID : SB17.4516
_	Candidate Name Pamela Gail Galloway			Category/ Type	
	Office Sought: House Senate President State: IN District: 03	Disbursement For: Primary Other (s	General		
F	Full Name (Last, First, Middle Initial) Brand Innovation Group				Date of Disbursement
Ī	Mailing Address 8902 Airport Drive Suite A				12
	City Fort Wayne	State IN	Zip Code 46809		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Materials and Advertising				10088.79 Transaction ID : SB17.4473
	Pamela Gail Galloway			Category/ Type	
	Office Sought: House Senate President State: IN District: 03	Disbursement For: Primary Other (s	General		
F	State: IN District: 03 Full Name (Last, First, Middle Initial) Brand Innovation Group				Date of Disbursement
ľ	Mailing Address 8902 Airport Drive Suite A				12
ı	City Fort Wayne Purpose of Disbursement		o Code 6809		Amount of Each Disbursement this Period 2000.00
Ō	Digital Advertising Expenses Candidate Name Pamela Gail Galloway			Category/ Type	Transaction ID : SB17.4474
	Office Sought: House Senate President State: IN District: 03	Disbursement For: Primary Other (s	General		
					18874.44

SUBTOTAL of Disbursements This Page (optional).....

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(some for each category of the Detailed Summary Page	s) (ch	R LINE NUMBER: PAGE 27 OF 40 eck only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Pam Galloway			
Full Name (Last, First, Middle Initial) Pamela Gail Galloway Mailing Address 3496 S State Road			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: IN District: 03	or: 2016	egory/ Type	Amount of Each Disbursement this Period 1392.65 Transaction ID: SB17.4399
Full Name (Last, First, Middle Initial) Pamela Gail Galloway Mailing Address 3496 S State Road			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Warsaw IN Purpose of Disbursement In-kind - November Mileage Candidate Name Pamela Gail Galloway Office Sought: House Senate President State: IN District: 03	pr: 2016	egory/ īype	Amount of Each Disbursement this Period 1127.00 Transaction ID: SB17.4445
Full Name (Last, First, Middle Initial) Pamela Gail Galloway Mailing Address 3496 S State Road			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Warsaw IN Purpose of Disbursement In-kind - December Mileage Candidate Name Pamela Gail Galloway Office Sought: House Senate Disbursement Formula Senate Primare	Dr: 2016	egory/ Type	Amount of Each Disbursement this Period 892.98 Transaction ID: SB17.4515
SUBTOTAL of Disbursements This Page (optional)			3412.63

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	f	Use separate schoor each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 28 OF 40 (check only one) X 17
	y information copied from such Reports and Statemer for commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) Friends of Pam Galloway				
۹.	Full Name (Last, First, Middle Initial) Christopher James Magiera Mailing Address 3496 S State Road 15				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: IN District: 03		General	Category/ Type	Amount of Each Disbursement this Period 1436.73 Transaction ID: SB17.4457
3.	Full Name (Last, First, Middle Initial) The Bopp Law Firm, PC Mailing Address 1 South Sixth Street				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Terre Haute II Purpose of Disbursement Compliance Consulting and Legal Services	ate N	Zip Code 47807		Amount of Each Disbursement this Period 920.00 Transaction ID : SB17.4373
		nt For: rimary ther (spec	General	Category/ Type	
Э.	Full Name (Last, First, Middle Initial) The Bopp Law Firm, PC Mailing Address 1 South Sixth Street				Date of Disbursement M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	City State Terre Haute IN Purpose of Disbursement Compliance Consulting and Legal Services Candidate Name Pamela Gail Galloway	Zip (4780	07	Category/ Type	Amount of Each Disbursement this Period 2730.00 Transaction ID : SB17.4388
		nt For: ; rimary ther (spec	General		
					5000.70

SUBTOTAL of Disbursements This Page (optional).....

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedul for each category of Detailed Summary Pa	e(s) (c)	DR LINE NUMBER: PAGE 29 OF 40 heck only one) X 17
Any information copied from such Reports and Statements no for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) Friends of Pam Galloway			
Full Name (Last, First, Middle Initial) The Bopp Law Firm, PC Mailing Address 1 South Sixth Street			Date of Disbursement 12 26 2015
City State Terre Haute IN Purpose of Disbursement Compliance Consulting and Legal Services	Zip Code 47807		Amount of Each Disbursement this Period 880.00 Transaction ID : SB17.4478
Candidate Name Pamela Gail Galloway Office Sought: House Senate President State: IN District: Other (s	r: 2016 General	ategory/ Type	
Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Charlotte NC Purpose of Disbursement Fundraising Consulting	Zip Code 28226		Amount of Each Disbursement this Period 2500.00
Candidate Name Pamela Gail Galloway Office Sought: House Senate President State: IN District: Other (s	r: 2016 General	ategory/ Type	Transaction ID : SB17.4367
State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	r: 2016	ategory/ Type	Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4372
SUBTOTAL of Disbursements This Page (optional)			5880.00

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Use separate schedule(s) Temical proposes, other land using the name and distrements may not be sold or used by any persone of the purpose of soliciting contributions from such reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Triends of Pam Galloway				
Amount of Each Disbursement Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code Charlotte Name Pamela Gail Galloway Office Sought: House Purpose of Disbursement Fundraling Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate Purpose of Disbursement Fundraling Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate Purpose of Disbursement Fundraling Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate President State: IN District 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code Charlotte Name Pamela Gail Galloway Office Sought: House Senate President State: IN District 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code Charlotte Name Pamela Gail Galloway Office Sought: House Senate President State: IN District 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code Charlotte Name Pamela Gail Galloway Office Sought: House Senate President Fundraling Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate President Fundraling Consulting Catagory' Pamela Gail Galloway Office Sought: House Senate President State: IN District 03 Full Name (Last, First, Middle Initial) Transaction ID: SB17.4389 Date of Disbursement this Period Transaction ID: SB17.4476 Transaction ID: SB17.4476 Transaction ID: SB17.4476		for each category of	le(s) (cl	heck only one) X 17 18 19a 19b
Friends of Pam Galloway Full Name (Last, First, Middle Initial) A The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code NC 28226 Purpose of Disbursement Friendralising Consulting Candidate Name President State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code NC 28226 Purpose of Disbursement Fundralising Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate President State: IN District: 03 Full Name (Last, First, Middle Initial) Transaction ID: SB17.4376 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB17.4376 Transaction ID: SB17.4476				
Mailing Address 4020 Amyington Drive City State Zip Code NC 28226 Purpose of Disbursement Fundraising Consulting City State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City Senate Purpose of Disbursement For: 2016 Senate NC 28226 Purpose of Disbursement For: 2016 NC 28226 Purpose of Disbursement Fundraising Consulting Candidate Name Pamela Gail Galloway Office Sought: House Charlotte: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City Senate President State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code NC 28226 Purpose of Disbursement For: 2016 Senate President State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code NC 28226 Purpose of Disbursement Fundraising Consulting Calegory/ Type Calegory/ Type Transaction ID: SB17.4389 Transaction ID: SB17.4476	, ,			
Charlotte NC 28226 Purpose of Disbursement Fundraising Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate President State: IN District: 03 The Rao Group Mailing Address 4020 Amyington Drive City State Senate President Senate President Senate President Other (specify) Date of Disbursement For: 2016 Amount of Each Disbursement this Period Category/ Type Transaction ID: SB17.4382 Date of Disbursement Table President State: IN District: 03 Amount of Each Disbursement this Period Category/ Type Transaction ID: SB17.4389 Transaction ID: SB17.4476	The Rao Group			M M / D D / Y Y Y Y
Pamela Gail Galloway Office Sought: House Senate President State: IN District: 03 Full Name (Last, First, Middle Initial) City State Zip Code Charlotte NC Z8226 Purpose of Disbursement For: 2016 Senate President NC Beneral Other (specify) Filmary General Other (specify) Date of Disbursement This Period Category/Type Candidate Name Pamela Gail Galloway Office Sought: House Senate President Senate President State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code Category/Type Candidate Name President Senate President Other (specify) Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement this Period Transaction ID: SB17.4389 Date of Disbursement ID: SB17.4476 Transaction ID: SB17.4476	Charlotte NC Purpose of Disbursement Fundraising Consulting			2500.00
Amount of Each Disbursement Date of Disbursement	Pamela Gail Galloway Office Sought: House Senate President President State: IN District: 03	For: 2016		
Charlotte NC 28226 Purpose of Disbursement Fundraising Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate President State: IN District: 03 Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code NC 28226 Purpose of Disbursement For: 2016 Category/ Type Date of Disbursement Amount of Each Disbursement this Period Transaction ID: SB17.4389 Transaction ID: SB17.4389 Transaction ID: SB17.4389 Transaction ID: SB17.4389 Amount of Each Disbursement this Period Transaction ID: SB17.4389 Transaction ID: SB17.4389 Transaction ID: SB17.4389 Transaction ID: SB17.4389	The Rao Group			M M / D D / Y Y Y
Category/ Type Category/ Type Office Sought: House President Senate Primary General Other (specify) Disbursement For: 2016 Senate President Senate Primary General Other (specify) Date of Disbursement Date of Disburs	Charlotte NC Purpose of Disbursement	•		2500.00
Full Name (Last, First, Middle Initial) The Rao Group Mailing Address 4020 Amyington Drive City State Zip Code Charlotte NC 28226 Purpose of Disbursement Fundraising Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate President State: IN District: 03 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Transaction ID: SB17.4476	Pamela Gail Galloway Office Sought:	For: 2016 ary General		Transaction ID : SB17.4389
City State Zip Code Charlotte NC 28226 Purpose of Disbursement Fundraising Consulting Candidate Name Pamela Gail Galloway Office Sought: House Senate President President State: IN District: 03 State Zip Code NC 28226 Category/ Type Category/ Type Category/ Type Transaction ID: SB17.4476	Full Name (Last, First, Middle Initial) The Rao Group			M M / D D / Y Y Y
Senate President Other (specify) State: IN District: 03	City State Charlotte NC Purpose of Disbursement Fundraising Consulting Candidate Name Pamela Gail Galloway	28226	0 ,	2500.00
SUBTUTAL of Dispursements This Page (optional)	Senate Prima Other	ry General (specify)		7500.00

30	CHEDULE B (FEC Form 3)	Use separate sch	nedule(s)	FOR LINE NUMBER: PAGE 31 OF 40 (check only one)
T	EMIZED DISBURSEMENTS	for each category Detailed Summar		X 17 18 19a 19b 20a 20b 20c 21
Ar or	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a	nay not be sold or address of any poli	used by any l	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Friends of Pam Galloway			
	Full Name (Last, First, Middle Initial)			5. (5.)
۹.	The Rao Group			Date of Disbursement
	Mailing Address 4020 Amyington Drive			12 26 2015
	City State	Zip Code		Amount of Each Disbursement this Period
	Charlotte NC Purpose of Disbursement	28226		1014.89
	Fundraising Consulting			Transaction ID : SB17.4477
	Candidate Name Pamela Gail Galloway		Category/ Type	
	Office Sought: House Disbursement For	: 2016	7.	
	Senate Primary President Other (s	General		
	State: IN District: 03	pecity)		
	Full Name (Last, First, Middle Initial)			
3.	USPS			Date of Disbursement
	Mailing Address 365 W. Market St.			11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Warsaw IN Purpose of Disbursement	46580		147.00
	Postage purchased for campaign			Transaction ID : SB17.4379
	Candidate Name Pamela Gail Galloway		Category/ Type	
	Office Sought: House Disbursement For Senate Primary			
	Senate Primary President Other (s			
	State: IN District: 03	,		
	Full Name (Last, First, Middle Initial)			5. (5:1
Э.	USPS			Date of Disbursement
	Mailing Address 365 W. Market St.			11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		p Code		Amount of Each Disbursement this Period
	Warsaw IN 4 Purpose of Disbursement	6580		196.00
	Postage purchased for campaign			
	Candidate Name Pamela Gail Galloway		Category/ Type	Transaction ID : SB17.4384
	Office Sought:	2016		
	Senate Primary	General		
	State: IN District: 03 Other (s	pecity)		
9	SUBTOTAL of Disbursements This Page (optional)			1357.89
_	ago (optional) illinois			, , ,

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS Use separate so for each categor Detailed Summar	chedule(s) ory of the	FOR LINE NUMBER: (check only one) X 17
Any information copied from such Reports and Statements may not be sold or or for commercial purposes, other than using the name and address of any po		
NAME OF COMMITTEE (In Full) Friends of Pam Galloway		
Full Name (Last, First, Middle Initial) Number Widget Makr		Date of Disbursement
Mailing Address 1593 Spring Hill Road Suite 400		10 06 2015
City State Zip Code Tysons Corner VA 22182		Amount of Each Disbursement this Period
Purpose of Disbursement e-donor processing fee		20.25 Transaction ID : SB17.4365
Candidate Name Pamela Gail Galloway	Category/ Type	
Office Sought: House Disbursement For: 2016		
Full Name (Last, First, Middle Initial) Widget Makr		Date of Disbursement
Mailing Address 1593 Spring Hill Road Suite 400		M M / D D / Y Y Y Y 1 Y 10 10 13 2015
City State Zip Code		Amount of Each Disbursement this Period
Tysons Corner VA 22182 Purpose of Disbursement e-donor processing fee		98.25 Transaction ID : SB17.4366
Candidate Name Pamela Gail Galloway	Category/ Type	Transaction is . 35 Tr. 4300
Office Sought: Senate		
Full Name (Last, First, Middle Initial) . Widget Makr		Date of Disbursement
Mailing Address 1593 Spring Hill Road Suite 400		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Tysons Corner VA 22182		Amount of Each Disbursement this Period
Purpose of Disbursement e-donor processing fee		132.55 Transaction ID : SB17.4381
Candidate Name Pamela Gail Galloway	Category/ Type	Transaction is . os m.4cci
Office Sought: House Disbursement For: 2016		
2.5 00		ori er

SUBTOTAL of Disbursements This Page (optional).....

SC	HEDULE B (FEC Form 3)	Use separate sch	nedule(s)	FOR LINE NUMBER: PAGE 33 OF 40 (check only one)
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	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
\rangle	NAME OF COMMITTEE (In Full) Friends of Pam Galloway			
/	,			
	Full Name (Last, First, Middle Initial) Widget Makr			Date of Disbursement
	Mailing Address 1593 Spring Hill Road Suite 400			11 17 2015
	City State	Zip Code		Amount of Each Disbursement this Period
	Tysons Corner VA Purpose of Disbursement	22182		29.70
	e-donor processing fee			Transaction ID : SB17.4383
	Candidate Name Pamela Gail Galloway		Category/ Type	
	Office Sought: House Disbursement For			
	Senate Primary President Other (s	General (pecify)		
	State: IN District: 03	1		
	Full Name (Last, First, Middle Initial) Widget Makr			Data of Dishumanast
3.	vilaget iviaki			Date of Disbursement
	Mailing Address 1593 Spring Hill Road Suite 400			11 24 2015
	City State Tysons Corner VA	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement	22182		20.25
	e-donor processing fee			Transaction ID : SB17.4386
	Candidate Name Pamela Gail Galloway		Category/ Type	
	Office Sought: House Disbursement For Senate Primary			
	President Other (s			
	State: IN District: 03			
	Full Name (Last, First, Middle Initial) Widget Makr			Date of Disbursement
J.				M M / D D / Y Y Y
	Mailing Address 1593 Spring Hill Road Suite 400			12 01 2015
	•	p Code 2182		Amount of Each Disbursement this Period
	Purpose of Disbursement	£ 10£		37.00
	e-donor processing fee		L	Transaction ID : SB17.4391
	Candidate Name Pamela Gail Galloway		Category/ Type	
	Office Sought: House Disbursement For			
	Senate Primary President Other (s	General pecify)		
	State: IN District: 03	. •		
_				86.95
SI	JBTOTAL of Disbursements This Page (optional)			

SCHEDULE B (FEC Form 3)

PAGE 34 40 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Pam Galloway Full Name (Last, First, Middle Initial) Date of Disbursement A. Widget Makr 2015 Mailing Address 1593 Spring Hill Road 12 Suite 400 City State Zip Code Amount of Each Disbursement this Period VA Tysons Corner 22182 Purpose of Disbursement e-donor processing fee 49.50 Transaction ID: SB17.4472 Candidate Name Category/ Pamela Gail Galloway Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Widget Makr Date of Disbursement Mailing Address 1593 Spring Hill Road 12 29 2015 Suite 400 City State Zip Code Amount of Each Disbursement this Period VA 22182 Tysons Corner 62.00 Purpose of Disbursement e-donor processing fee Transaction ID: SB17.4479 Candidate Name Category/ Pamela Gail Galloway Type Office Sought: House Disbursement For: 2016 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 111.50 SUBTOTAL of Disbursements This Page (optional)..... 68245.86 TOTAL This Period (last page this line number only).....

20	HEDITIE B (EEC Earm 2)			FOR LINE NUMBER: PAGE 35 OF 40
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS		Use separate sci		(check only one)
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	information copied from such Reports and Statements or commercial purposes, other than using the name and			
\ N	NAME OF COMMITTEE (In Full)			
\	Friends of Pam Galloway			
	ull Name (Last, First, Middle Initial)			
A. Christopher James Magiera				Date of Disbursement
N	Mailing Address 3496 S State Road 15			12 06 2015
C	City State	Zip Code		Amount of Each Disbursement this Period
_	Narsaw IN	46580	1	4 400 70
	Purpose of Disbursement Refund for Volunteer Reception			1436.73
-	Candidate Name		0-4	Transaction ID : SB20A.4522
	Pamela Gail Galloway		Category/ Type	
C	Office Sought: House Disbursement F	or: 2016		
	Senate Prima	,		
c	President Other State: IN District: 03	(specify)		
	Full Name (Last, First, Middle Initial)			
	Mad Anthony Brewing Company			Date of Disbursement
٠.				M M / D D / Y Y Y Y
N	Mailing Address 113 E Center Street			11 07 2015
	State State	Zip Code		Amount of Each Disbursement this Period
_	Warsaw IN Purpose of Disbursement	46580	I	1436.73
-	Refund for Volunteer Reception		Category/	
7	Candidate Name			Transaction ID : SB20A.4522.0
	Pamela Gail Galloway		Type	[MEMO ITEM]
C	Office Sought:			
	Senate Prima			
c	President Other State: IN District: 03	(specify)		
	Full Name (Last, First, Middle Initial)			
•				Date of Disbursement
ر. _				M M / D D / Y Y Y
Λ	Mailing Address			
ō	Dity State	Zip Code		Amount of Each Disbursement this Period
				Amount of Each Disbursonicht this 1 chou
F	Purpose of Disbursement			
7	Candidate Name		Catanana	
			Category/ Type	
Ō	Office Sought: House Disbursement F			
	Senate Prima			
_		(specify)		
	State: District:			
				1436.73
SU	BTOTAL of Disbursements This Page (optional)			_
				1436.73

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4101 NAME OF COMMITTEE (In Full) Friends of Pam Galloway LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary Pamela Gail Galloway General Mailing Address Other (specify) 3496 S State Road City State ZIP Code IN 46580 Warsaw Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 08 2015 11/8/2017 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4102 NAME OF COMMITTEE (In Full) Friends of Pam Galloway LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary Pamela Gail Galloway General Mailing Address Other (specify) 3496 S State Road City State ZIP Code IN 46580 Warsaw Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M06^M 2015 11/8/2017 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4162
Friends of Pam Galloway			
LOAN SOURCE Full Name (Last, F	First, Middle Initial)		Election: 2016
Pamela Gail Galloway			Primary General
Mailing Address 3496 S State Road			Other (specify)
City	State ZIP C	Code	
Warsaw	IN 4658	0	
Original Amount of Loan	Cumulative Payment	To Date Bala	nce Outstanding at Close of This Period
50000	.00	0.00	50000.00
TERMS Date Incurred	Date Du	ie Interest Rate	e Secured:
M07 ^M / D07 ^D / Y 2015	Y M M / D D /	11/15/2017 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		1es INO
1. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
		Outstanding:	y y y
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
City	State ZIP Code	Outstanding:	9 9
3. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
011	0	Amount Guaranteed	
City	State ZIP Code	Outstanding:	9
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	9 9
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TOTALS This Period (last page in this	line only)	·····	9
Carry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry forv	vard to appropriate line of Summary.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4193 NAME OF COMMITTEE (In Full) Friends of Pam Galloway LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary Pamela Gail Galloway General Mailing Address Other (specify) 3496 S State Road City State ZIP Code IN 46580 Warsaw Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D31 ^M08^M 2015 11/15/2017 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full) Friends of Pam Galloway		Transac	tion ID : SC/10.4509
LOAN SOURCE Full Name (Last, First, I	Middle Initial)	[PERSONAL FUNDS]	Election: 2016
Pamela Gail Galloway	,	[i ERGONAL I GREG]	Primary General
Mailing Address 3496 S State Road			Other (specify) ▼
City	State ZIP Co	ode	
Warsaw	IN 46580		
Original Amount of Loan	Cumulative Payment To		nce Outstanding at Close of This Period
50000.00		0.00	50000.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
M12 ^M / D29 ^D / Y 2015 Y	M M / D D / Y1	1/15/2017 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		Tes INC
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	7
SUBTOTALS This Period This Page (optional COTALS This Period (last page in this line of	only)		50000.00 200000.00
Carry outstanding balance only to LINE 3, \$	Schedule D, for this line. If	no Schedule D, carry forv	vard to appropriate line of Summary.